



LEAD SCREENING REQUIREMENTS AND MEDICAL MANAGEMENT RECOMMENDATIONS

for Children Ages 6 to 72 months

Ohio Department of Health
Bureau of Child and Family Health Services
Ohio Childhood Lead Poisoning Prevention Program (OCLPPP*) Revised 3/2004

Medicaid & Healthy Families & Healthy Start Consumers in all zip codes

IT'S OHIO LAW AND A FEDERAL REQUIREMENT

All children at 1 & 2 years of age. Children 3-6 years of age if never tested. Test these children, regardless of risk factors.

High-Risk Zip Codes (contact OCLPPP* for list)

All children must have a documented test twice between 9 and 36 months, with 12 months between tests unless clinically indicated sooner; and at least once if age 3-6 years but without a previous documented test.....**IT'S OHIO LAW!**

Low-Risk Zip Codes

Use the **Risk Assessment Questionnaire (RAQ)** twice between 9 and 36 months, with 12 months between assessments unless clinically indicated sooner.

Risk Assessment Questionnaire (RAQ)

Does your child.....

- Live in or regularly visit a house built before 1950? *This includes a day care center, preschool, or home of a baby sitter or relative.*
- Live in or visit a house that has peeling, chipping, dusting or chalking paint?
- Live in or visit a house built before 1978 with recent, ongoing, or planned renovation/remodeling?
- Have a sibling or playmate who has or did have lead poisoning?
- Frequently come in contact with an adult who has a hobby or works with lead? *Examples are construction, welding, pottery, painting, and casting ammunition.*

A BLL test is mandatory if the answer to ANY question is yes or unknown

Blood Lead Levels (BLL)	Recommended Medical Management Actions
<10 µg/dL	<ul style="list-style-type: none"> • Anticipatory Guidance: Discuss sources, effects of lead, and hazards associated with renovating pre-1978 homes, during prenatal care and well child care at 3, 6 & 12 months. Contact OCLPPP for materials • Test Blood Lead Level (BLL) again in 12 months
10-14 µg/dL low toxicity	<ul style="list-style-type: none"> • Lead Education: Discuss Anticipatory Guidance, Child's BLL, and how to Reduce Exposure and Absorption <ul style="list-style-type: none"> * Anticipatory Guidance: Explained at BLL <10µg/dL. "Contact OCLPPP * for materials" * Child's BLL: Explain what blood lead levels mean. "Contact OCLPPP * for materials" * Reducing Exposure and Absorption: Discuss wet cleaning to remove lead dust on surfaces; eliminating access to deteriorating lead-paint surfaces; and ensuring regular meals which are low in fat and rich in calcium and iron. "Contact OCLPPP * for materials" • Confirm fingerstick (capillary) results by venous or second capillary blood sample: Within one month • Follow-up BLL test in 2 months *** Environmental Investigation: State or local health department may conduct investigation/risk assessment
15-19 µg/dL mild toxicity	<ul style="list-style-type: none"> • Lead Education: Discuss Anticipatory Guidance, Child's BLL, and how to Reduce Exposure and Absorption • Confirm fingerstick (capillary) results by venous or second capillary blood sample: Within one month <ul style="list-style-type: none"> * If BLL persists in this level (i.e., 2 confirmed at least 2 months apart) proceed according to actions for BLL 20-44 • Follow-up BLL test in 2 months *** Environmental Investigation ≥15: State or local health department will conduct investigation/risk assessment
20-44 µg/dL moderate toxicity	<ul style="list-style-type: none"> • Lead Education: Discuss Anticipatory Guidance, Child's BLL, and how to Reduce Exposure and Absorption • Confirm fingerstick (capillary) results by venous or second capillary blood sample: Within one week • Hx and Physical: Take medical, environmental and nutritional Hx; test for anemia and iron deficiency; assess neurologic, psychosocial and language development; screen all siblings under 6; and evaluate risk of other family members (e.g., pregnant women) • Referrals: Bureau of Early Intervention, Bureau for Children with Medical Handicaps, and Women Infants and Children, if appropriate; phone numbers listed below • Follow-up testing: Every 1-2 months until the BLL remains <15µg/dL for at least 6 months and lead hazards have been removed or made lead-safe, and no new exposure exists • Follow-up BLL test in 2 months
45-69 µg/dL high toxicity	<ul style="list-style-type: none"> • Lead Education: Discuss Anticipatory Guidance, Child's BLL, and how to Reduce Exposure and Absorption • Confirm fingerstick (capillary) results by venous blood sample: Within 24 hours • Hx and Physical, Referrals, & Follow-up testing: (Provide actions as explained at BLL 20-44 µg/dL) • Chelation Therapy at BLL of 45µg/dL and higher: <ul style="list-style-type: none"> * Before chelation therapy, obtain a venous specimen to ensure that therapy is based on most recent and reliable information * Treat child promptly with appropriate chelating agents, remove child from sources of lead exposure <ul style="list-style-type: none"> ⇒ Succimer (outpatient, P.O.) ⇒ CaNa₂ EDTA (inpatient, I.V.) * If compliance or reduced exposure cannot be assured, chelate on inpatient basis * Repeat treatment cycles may be needed based on blood lead rebound * A child receiving chelation should be tested once a month • Follow-up BLL test in 1 month
≥ 70 µg/dL severe toxicity	<ul style="list-style-type: none"> • Medical Emergency: Order an urgent repeat BLL test, but begin chelation immediately! • Lead Education: Discuss Anticipatory Guidance, Child's BLL, and how to Reduce Exposure and Absorption • Confirm fingerstick (capillary) results by venous blood sample: Immediately • Hx and Physical, Referrals, & Follow-up testing: (Provide actions as explained at BLL 20-44 µg/dL) • Chelation Therapy at BLL 45µg/dL and higher: (Provide actions as explained at BLL 45-69 µg/dL) <ul style="list-style-type: none"> * Treat child promptly with appropriate chelating agents, remove child from sources of lead exposure <ul style="list-style-type: none"> ⇒ Combined Therapy with BAL and CaNa₂ EDTA • Follow-up BLL test in 1 month

ODH Information & Referrals

Help Me Grow Hotline: 1-800-755-GROW (1-800-755-4769) Bureau of Early Intervention (EI): 614-644-8389 Medicaid Provider Hotline: 800-686-6108
Bureau Children with Medical Handicaps (BCMh): 614-466-1700 Women, Infant and Children (WIC): 614-466-4110 *ODH OCLPPP: 614-466-5332